



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EDUCATOR RECRUITMENT AND RETENTION
TRANSITION TO TEACHING PROJECT (TTP)
PARTICIPANT APPLICATION

SCHOOL DISTRICT NAME:

COUNTY-DISTRICT CODE:

SCHOOL BUILDING NAME:

SCHOOL CODE:

DIRECTIONS:

Mail the completed form to: Educator Recruitment and Retention, Missouri Department of Elementary and Secondary Education, PO Box 480,
Jefferson City, MO 65102

QUESTIONS: Contact Rosalyn Wieberg, Assistant Director Educator Recruitment and Retention, 573-751-1191, Rosalyn.Wieberg@DESE.mo.gov

SECTION I: APPLICANT INFORMATION

I QUALIFY AS A (PLEASE CHECK ALL THAT APPLY)

☐ DISPLACED WORKER ☐ TROOPS TO TEACHERS ☐ CAREER CHANGER

SOCIAL SECURITY NUMBER (see disclosure notice on the back of this form)

NAME (LAST, FIRST, MIDDLE INITIAL)

STREET ADDRESS

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

PHONE NUMBERS

H () W ()

COLLEGE/UNIVERSITY	STATE	GPA	DATES ATTENDED		DEGREE	MAJOR/MINOR
			FROM MO/YR	TO MO/YR		

MOST RECENT PRIOR EMPLOYMENT

EMPLOYER NAME

YRS
EMPLOYED

POSITION HELD

I choose this location _____.

APPLICANT'S SIGNATURE

DATE

SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT

List subject(s) and grade level(s) of applicant's teaching assignment(s).

SUBJECT	GRADE	SUBJECT	GRADE

I hereby affirm that _____ is employed by this school district and will be
using the Temporary Authorization Certificate for the _____ - _____ school year. His/her beginning teaching date is/was _____.

SIGNATURE OF SCHOOL OFFICIAL

DATE

NAME OF SCHOOL OFFICIAL

TITLE

